

DIVISION IV AODA DAY TREATMENT	SECTION III PRIOR AUTHORIZATION	ISSUED 07/89	PAGE 4H3-001
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A. GENERAL REQUIREMENTS

Prior authorization procedures are designed to safeguard against unnecessary utilization of care, to promote the most effective and appropriate use of available services, and to assist in cost containment. Providers are required to seek prior authorization for certain specified services before delivery of that service, unless the service is provided on an emergency basis. Payment will not be made for services provided either prior to the grant date or after the expiration date indicated on the approved prior authorization request form. If the provider renders a service which requires prior authorization without first obtaining authorization, the provider is responsible for the cost of the service. (See Section III-E of this handbook for exceptional situations.)

Particular scrutiny will be given to prior authorization requests for recipients who have received inpatient or other intensive outpatient AODA services within the past 12 months to ensure that further intensive treatment will be appropriate and effective for the recipient.

B. SERVICES REQUIRING PRIOR AUTHORIZATION

Prior authorization requirements for the allowable AODA day treatment procedures are discussed below.

1. Assessment (Procedure code W8980). The first three hours of assessment per recipient per provider in any calendar year do not require prior authorization and are not part of either the day treatment authorization or the mental health prior authorization limits.
2. Assessment - Limitation Exceeded (Procedure code W8981). Limitation-exceeded assessment hours must be prior authorized by the Wisconsin Medical Assistance Program (WMAAP).
3. AODA Day Treatment (Procedure code W8982). All AODA day treatment must be prior authorized by the WMAAP.

Providers are advised that prior authorization does not guarantee payment. Provider eligibility, recipient eligibility, and medical status on the date of service as well as all other WMAAP requirements must be met prior to payment of the claim.

C. PRIOR AUTHORIZATION CRITERIA

Prior authorization criteria for intensity of treatment and severity of illness have been developed for AODA day treatment by the WMAAP and AODA providers. Appendices 1 and 2 of this handbook contain treatment criteria for AODA day treatment services for adults and adolescents. When assessing recipients 18 to 21 years old, providers are to use the adult or adolescent criteria depending on the individual recipient's circumstances. Providers must refer to the appropriate treatment criteria when requesting prior authorization. The criteria illustrate the factors which will be used in determining whether AODA day treatment is considered medically necessary by the WMAAP.

D. PROCEDURES FOR OBTAINING PRIOR AUTHORIZATION

Section VIII-D of Part A of the WMAAP Provider Handbook identifies procedures for obtaining prior authorization including emergency situations, appeal procedures, supporting materials, retroactive authorization, recipient loss of eligibility midway in treatment, and prior authorization for out-of-state providers.

Providers must use both the Prior Authorization Request Form (PA/RF) and the Prior Authorization AODA Day Treatment Attachment (PA/ADTA) for limitation-exceeded AODA day treatment assessment (W8981) and AODA day treatment (W8982). Examples of the appropriate prior authorization request forms, along with completion and submittal instructions, are included in Appendices 3, 4, 5, and 6 of this handbook. Appendices 1 and 2 of this handbook contain criteria for prior authorizations which must be justified with the PA/ADTA.

DIVISION IV AODA DAY TREATMENT	SECTION III PRIOR AUTHORIZATION	ISSUED 07/89	PAGE 4H3-002
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**D. PROCEDURES FOR
OBTAINING PRIOR
AUTHORIZATION**
(continued)

Prior authorization requests for AODA day treatment must be made under the eight-digit provider number which ends in 21 or they will be returned to the provider.

Completed prior authorization request forms must be submitted to:

E.D.S. Federal Corporation
Attn: Prior Authorization Unit - Suite 88
6406 Bridge Road
Madison, WI 53784-0088

Prior authorization request forms can be obtained by submitting a written request to:

E.D.S. Federal Corporation
Attn: Claim Reorder Department
6406 Bridge Road
Madison, WI 53784-0003

Please specify the form requested and the number of forms desired. Reorder forms are included in the mailing of each request for forms. Do not request forms by telephone.

**E. INITIAL
DATE OF PRIOR
AUTHORIZATION**

Originally, prior authorization must be obtained before AODA day treatment services are performed. However, in the case of provider or recipient retroactive eligibility or provision of a service requiring prior authorization which was performed on an emergency basis, retroactive authorization may be provided.

The WMAP recognizes that in certain cases it is medically necessary to start the recipient in AODA day treatment within a relatively short period of time of initial assessment or completion of detoxification. The WMAP will allow backdating up to five working days prior to the date EDS receives the request if:

- a. The prior authorization request specifically requests backdating;
- b. The clinical justification for beginning the AODA day treatment program before prior authorization is obtained is included in the Prior Authorization AODA Day Treatment attachment (PA/ADTA);
- c. The request is received by EDS within five working days of the start of treatment; and
- d. All other criteria are met (see Appendices 1 and 2 of this handbook).

In all other cases, the grant date will be determined by information given by the provider on the PA/ADTA.